BEST AVAILABLE CODY

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001

Application or Docket Number

100 17934

		Ellect									•		1
		CLAIMS AS	S FILED - PART (Column 1)		(Column 2)			SMALL ENTITY TYPE		OTHER OR SMALL			
TOTAL CLAIMS			23	3 .				RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00	,
TOTAL CHARGEABLE CLAIMS			40 minus 20=		• 20			X\$ 9=		OR	X\$18=	360	108
INDEPENDENT CLAIMS			2 minus 3 =		. 0			X42=		OR	. 704	84	350
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT				•						
* If the difference in column 1 is less than zero, enter "0" in column 2							+140=		OR		280		
AF CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	TOTAL OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST HBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	396.00
NO.	Total	· 50	Minus	4	0_	-10		X\$ 9=		OR	X\$18=	180°	396.00
AME	Independent	• 3 :1	Minus	***	3			X42=		OR	X84=		216 er.
L	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	CLAIM		1	+140=		OR	+280=		
(Column 3) (Column 2) (Column 3)								TOTAL ADDIT, FEE			TOTAL ADDIT. FEE	180,0	opd,
ENT B		(Column 1) CLAIMS REMAINING AFTER; AMENDMENT		HIGH NUM PREVI	HEST HBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	ŀ	RATE	ADDI- TIONAL FEE	
MQ	Total .:	• € + 22° - 7 +	Minus 4	20		=		X\$ 9=		ОR	X\$18=		
AMENDMENT	Independent	*	Minus	- 444		=		X42=		OR	X84=		
L	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	T CLAIN		J	+140=		OR	+280=		
	_					ø		TOTAL ADDIT. FEE		OR	TOTAL		
		(Column 1)			mn 2)	(Column 3)]
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MO	Total	*	Minus	64		2		X\$ 9=		OR	X\$18=		
REP	Independent	*	Minus	***		-		X42=		OR	X84=		1
Ľ	FIRST PRESE	NTATION OF M	NULTIPLE DE	PENDEN	IT CLAIN	и <u>П</u>	J			1			1
	If the entry in colu	ıma 1 je jace than	the entry in co	lumn 2. wri	te "0" in c	olumn 3.		+140=		OR	+280=		4
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." Th "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												1